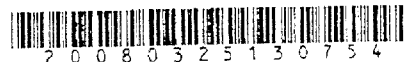


Noted State COURT OF THE STATE/CITY OF NEW YORK
 COUNTY OF: SOUTHERN DISTRICT OF NEW YORK ATTORNEY: LEONARD
REINCES, ESQ



CM PRODUCE, LLC
 - against -
 V.S.V. SUBZI MANDI OF JACKSON HEIGHTS, INC., ET AL

Petitioner(s)
 Plaintiff(s)
 Respondent(s)
 Defendant(s)

AFFIDAVIT
 OF SERVICE

INDEX#
 08 CV 2884(RWS)

DATE OF: NY - COUNTY OF: SUPRIK ss:

Carlis Warren, being duly sworn deposes and says deponent is not a party to this action, is over the age of 18 and resides in NY
 at on date/time: 3-27-08 5:11pm, at 72-30 37th Ave Jackson Heights NY 11372
 Deponent served the within: SUMMONS, COMPLAINT
☐ Summons, Spanish summons & complaint, the language required by NRCRR 2900.2(e), (f) & (h) was set forth on the face of the summons(es)

Re: VINOD KALRA

☒ Defendant ☐ Respondent ☐ Witness (hereinafter called the recipient) therein named.

INDIVIDUAL ☐ By personally delivering to and leaving with said VINOD KALRA
 and that he knew the person so served to be the person mention and described in said SUMMONS, COMPLAINT

CORPORATION ☐ By delivering to and leaving with _____
 at _____ of the corporation.
 and that he knew the person so served to be the _____

SUITABLE ☐ Service was made in the following manner after your deponent was unable with due diligence to serve the defendant in person:
 GE PERSON ☒ By delivering a true copy thereof to and leaving with Raj Singh
 a person of suitable age and discretion at 72-30 37th Ave Jackson Heights NY 11372
 the said premises being the recipient's ☐ Dwelling/Usual place of abode ☒ Actual place of business within the State of New York.

AFFIXING TO ☐ By affixing a true copy thereof to the door of said premises, the same being the recipient's
 DOOR, ETC. ☐ Dwelling/Usual place of abode ☐ Actual place of business within the State of New York. Deponent had previously attempted to serve
 the above named recipient on/at: 1. _____ 2. _____ 3. _____
 Deponent spoke with _____ who stated to deponent that the said recipient(s)
 lived at the aforementioned address, but did not know recipient's place of employment.

MAILING TO ☐ Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a postpaid envelope properly addressed to recipient
 RESIDENCE ☐ to recipient's last known residence at _____
 and deposited said envelope in an official repository under the exclusive care and custody of the US Postal Service
 Use with C or D within New York State on _____

MAILING TO ☐ Within 20 days of such delivery or affixing, deponent enclosed a copy of same in a postpaid envelope properly addressed to recipient
 BUSINESS ☐ to recipient's actual place of business at 72-30 37th Ave Jackson Heights NY 11372
 in an official repository under the exclusive care and custody of the US Postal Service within New York State. The envelope bore the
 legend "Personal and Confidential" and did not indicate on the outside thereof, by return address or otherwise, that the communication
 was from an attorney or concerned an action against the recipient and mailed on 3-28-08.

☒ DEPONENT STATES THAT THE INDEX # AND FILING DATE WERE CLEARLY VISIBLE ON THE SUMMONS.
 DESCRIPTION OF THE RECIPIENT OR OTHER PERSON SERVED OR SPOKEN TO ON BEHALF OF THE RECIPIENT IS AS:

VOID WITHOUT DESCRIPTION <input type="checkbox"/> Male	<input type="checkbox"/> White Skin	<input type="checkbox"/> Black Hair	<input type="checkbox"/> White Hair	<input type="checkbox"/> 14 - 20 Yrs.	<input type="checkbox"/> Under 5'	<input type="checkbox"/> Under 100 Lbs.
<input type="checkbox"/> Female	<input type="checkbox"/> Black Skin	<input type="checkbox"/> Brown Hair	<input type="checkbox"/> Balding	<input type="checkbox"/> 21 - 35 Yrs.	<input type="checkbox"/> 5'0" - 5'3"	<input type="checkbox"/> 100 - 130 Lbs.
	<input type="checkbox"/> Yellow Skin	<input type="checkbox"/> Blonde Hair	<input checked="" type="checkbox"/> Moustache	<input checked="" type="checkbox"/> 36 - 50 Yrs.	<input type="checkbox"/> 5'4" - 5'8"	<input type="checkbox"/> 131 - 160 Lbs.
	<input checked="" type="checkbox"/> Brown Skin	<input type="checkbox"/> Gray Hair	<input checked="" type="checkbox"/> Beard	<input type="checkbox"/> 51 - 65 Yrs.	<input type="checkbox"/> 5'9" - 6'0"	<input type="checkbox"/> 161 - 200 Lbs.
	<input type="checkbox"/> Red Skin	<input type="checkbox"/> Red Hair	<input type="checkbox"/> Glasses	<input type="checkbox"/> Over 65 Yrs.	<input checked="" type="checkbox"/> Over 6'	<input checked="" type="checkbox"/> Over 200 Lbs.

Other identifying features: _____

WITNESS FEE ☐ Witness fee of \$0 the authorizing traveling expenses and one day's witness fee:
 G ☐ [] was paid (tendered) to the recipient [] was mailed to the witness with subpoena copy.

MILITARY ☒ I asked the person spoken to whether defendant was in active military service of the United States or of the state of New York in any
 SERVICE capacity whatsoever and received a negative reply. Defendant wore civilian clothes and no military uniform. The source of my
 information and the grounds of my belief are the conversations and observations above narrated.

Subscribed and Sworn to me this

28th day of March, 2008

Notary Signature: _____

Name of Notary _____ Commission Expiration _____

Carlis Warren 87-067
 was at the time of service a competent adult
 not having a direct interest in the litigation.
 I declare under penalty of perjury that the
 foregoing is true and correct.

Signature of Process Server _____ Date 3-27-08

CARLA M. ELLIS
 NOTARY PUBLIC STATE OF NEW YORK
 NO 0011120
 QUALIFIED IN SUFFOLK COUNTY
 COMMISSION EXPIRES AUGUST 3, 2010

FILED
 Stamped copy will
 arrive shortly